

## Information from the Health Care for the Homeless Program

# Specialty Care Requires Creativity and Collaboration

*By their own admission, Health Care for the Homeless (HCH) providers have become adept at whining, begging, and beating the bushes to find specialty care for their patients, including dental care, podiatry, eye care, and dermatology. They acknowledge that the need for these services is great, but admit that the problems in securing them can be daunting.*

*Turning problems into challenges, HCH providers have learned to reduce barriers at both the client level and at the systems level. They have also been dogged in securing funding and, when resources are scarce, they attract committed volunteers.*

*The following article, and several companion pieces, are based on interviews with more than 20 individuals representing a diverse range of HCH programs, Federal officials, and nonprofit and for-profit organizations.*

### Addressing Unmet Needs

The legislation governing federal health centers explicitly requires the provision of primary care and

substance abuse services, but is "silent on other services," notes Jean Hochron, M.P.H., Director of the HCH Program. Section 330(b)(2) of the Health Centers Consolidation Act defines as *additional services*, those "that are not included as required primary health services and that are appropriate to meet the health needs of the population served."

To the extent that primary health services are not compromised, HCH grantees are encouraged to provide, or arrange for, specialty medical care. "We can't say that every HCH program should have a dental clinic because we don't provide the money to do that," Hochron says. However, she adds, "These additional health care services are important and appropriate, especially for homeless people."

**Dental care.** HCH clinicians see daily what research has confirmed: homeless adults have a higher degree of dental pathology and a lower use of dental services than the



*Dr. Tony Nieto examines a patient at the Albuquerque HCH Dental Clinic.*

general population. It's hard to brush and floss on the streets. Repeated abscesses compromise an individual's overall health.

Where emergency care is available, a homeless person can usually get an abscessed tooth pulled, "but then we have all these people walking around with no teeth," says Laura Gillis, M.S., R.N., Director of Clinical Services at Health Care for the Homeless in Baltimore. "They can't eat, they don't look good, and it's a barrier to getting a job."

**Podiatry.** Most people don't think about their feet until they hurt. But for a homeless person, whose feet are their "only source of locomotion," painful feet can lead to depression and poor

general health, notes Karen Holman, M.D., Medical Director of Healing Hands Health Care Services in Oklahoma City.

Foot problems in homeless people are "compound- ed by poor hygiene, by being on their feet so much, and by wearing their shoes in rain and snow," according to Stuart Bernstein, D.P.M., a New York City podiatrist who works part-time for CARE for the Homeless. They also have more exposure-related infestations. Coleman Scheuller, D.P.M., a volunteer with the Wasatch Homeless Health Care Program in Salt Lake City, treats homeless people for foot injuries caused by jumping on and off trains that criss-cross the area.

**Eye care.** Holman worries that poor vision interferes with good medical care. "Patients can't read (continued on page 2)

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# Clinicians Participating in Violence Survey

**Survey results will be presented May 1st at the National HCH Conference in St. Louis, MO. For conference information, call Maggie Castoires at JSI, (617) 482-9485.**

Increasingly, the prevalence, severity, and sequelae of violence against women are being recognized as a major public health problem. Despite this heightened awareness, however, past and current experiences of violence are frequently not identified, resulting in serious health and mental

health consequences for the survivors and those closest to them.

Researchers estimate the prevalence of domestic and interpersonal violence among homeless women to be more than 85 percent. To help health care professionals screen and diagnose patients they believe to be survivors of abuse, the Bureau of Primary Health Care invited researchers at The Better Homes Fund to develop and test a clinical screening tool. The project is directed by Ellen L. Bassuk, M.D., President of

The Better Homes Fund, in cooperation with the Health Care for the Homeless (HCH) Clinicians' Network Research Committee.

## Survey Mailed

As a first step, a survey was mailed to HCH clinicians to determine the experience of homeless women and clinicians' current response. If the survey indicates a need for help in this area, Dr. Bassuk and her colleagues will develop a screening tool for interpersonal violence and invite HCH clinicians to pilot-test

the resulting instrument. Researchers also will develop appropriate psychoeducational intervention and referral guidelines for patients.

Preliminary results of this project will be presented at the National HCH Conference in St. Louis, MO. A session on "Violence in the Lives of Homeless Women" will be offered from 1:30 to 3 p.m. Friday, May 1, at the Marriott Pavilion Downtown.

*For more information on the project, contact Jennifer Perloff at The Better Homes Fund, (617) 964-3834. ▲*

## Specialty Care (continued)

medication labels or instructions on glucose monitors," she says. Nor can they distinguish one medication from another. "There are too many white pills in the world," Holman adds.

People who can't see well can't fill out job applications or take advantage of educational opportunities. Two programs that offer eye care to homeless people are highlighted on page 4.

**Dermatology.** Though primary care providers treat a number of skin problems, some patients need to see a specialist. Indeed, there is a "surprising need" among homeless people for dermatology, according to Bernard Simbari, M.D., a Salt Lake City dermatologist who volunteers with the Wasatch Homeless Health Care Program. "Homeless people are as concerned about their appearance as anyone," he says. Often, skin cancers are large and numerous by the time patients see Dr. Simbari. Many of the conditions he treats, including infections

and sebaceous (under the skin) cysts, could have been prevented with soap and water.

## Encountering Barriers

Though the need for specialty care is great, the problems in providing it are, too. To begin with, the money just isn't there. "The federal money is seed money," says Oscar D. Canas, Executive Director of Family Health Centers in Louisville, KY. "You're always scratching the ground for additional resources."

Canas estimates that 96 percent of his homeless clients have no health insurance. Even when patients are eligible for Medicaid, coverage varies from state to state. Medicaid covers dentures in New Mexico, but will only pay for extractions in Ohio. Optimizing scarce

resources requires creative thinking, as outlined in the story on page 6.

Beyond the search for funds, there are a number of client- and systems-level barriers to providing specialty care. With their health compromised by multiple factors, and their daily life chaotic, homeless individuals may have trouble keeping appointments.

In many cities, the wait for free or reduced-price services, where they exist, can be months. Private providers often are reluctant to treat homeless patients in their offices. "They have a fear of homeless people being smelly, drunk, or mentally ill and having an impact on their paying clients," says Bob Dritz, Clinic Coordinator of the White Bird Clinic Homeless Health Care Program in Eugene, OR.

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Being able to provide specialty care for homeless people sometimes makes programs a victim of their own success. "We have a constant battle figuring out who to see," acknowledges Amalia Torrez, C.D.A., Program Manager of the Albuquerque Health Care for the Homeless Dental Clinic, a free-standing facility with paid staff.

In Eugene, children are given priority at the volunteer dental clinic. Mornings are reserved for urgent care walk-ins, with afternoon appointments set aside for prevention and restoration. The program began in 1995. "For years this was our dream, and now we could use more services," Dritz says.

## Helping Patients Be Successful

There are a number of ways to ensure that clients have successful interactions with specialists, HCH providers note. "We want things to go as smoothly as possible so the clients get what they need," says Judy Mealey, N.P., Clinical Nurse Manager at Health Care for the Homeless in Springfield, MA. She and her staff help clients learn how to make appointments and advise them not to show up drunk.

No-shows can make it difficult for programs to attract physicians. When volunteer podiatrists and orthopedists hold monthly on-site clinics for the Portland, ME, Health Care for the Homeless Project, all scheduled patients come at 6 p.m., and they are seen in the order they arrive, according to Nate

Nickerson, N.P., Project Director.

Homeless people who are working with a case manager and who have a treatment plan are more likely to follow-up on medical care, according to health care providers. In some cases, HCH providers stretch limited resources by reserving such services as eye care for individuals who are in school or looking for work.

Most importantly, HCH providers screen patients before they see a specialist, and they do the necessary follow-up. "We keep the major responsibility for the client," Dritz says. "A dentist or doctor in our facility doesn't have the responsibility for continuity of care."

## Creating Community Partnerships

Those programs that are most successful in providing a full range of services for their patients have learned not to do it all themselves. "There are enough poor people to go around," says Linda Ruble, P.A., Coordinator of Health Care for the Homeless in Des Moines, IA. By plugging clients into the most appropriate funding stream, such as a program for homeless veterans or homeless mothers with children, Ruble saves her money for individuals who are not eligible for any other services.

Sharing clients stretches limited resources; sharing equipment and facilities helps expand them. The Portland, ME, Health Care for the Homeless Project does both. The State Department of Mental Health runs a dental clinic

during the day for people with mental illnesses, and some of the Portland HCH clients are eligible for this service. One night every other week, volunteer dentists and hygienists use the same facility to provide urgent dental care to homeless and low-income clients. The dental clinic is run by the Portland Public Health Division, which also operates the Portland HCH program.

HCH programs that are run under the auspices of a public health department, community health center, or hospital often have access to specialty care provided by their parent agency. Other programs have developed partnerships with community agencies that agree to see homeless clients for free or at a reduced cost.

In addition, some HCH programs have large and well-developed volunteer programs. But "volunteers don't come free," Nickerson cautions. In the story on page 6, he offers suggestions for making a volunteer program work.

## When All Else Fails

HCH providers see it as part of their job to break down barriers for their clients. By educating their clients, finding appropriate resources, and making creative connections, many HCH programs are able to provide such desperately needed services as dental and eye care. However, when diplomacy and ingenuity fail, Ruble says she is not afraid to "whine a lot. Then I smile." ▲

## We Want To Know...

The new improved *Opening Doors* has been arriving in your mailbox for the past year. We would appreciate some feedback from you.

Q. *What types of feature articles (e.g., clinical issues, federal initiatives, program examples, etc.) are most helpful to you in your daily work? Are there any changes in focus you would suggest?*

Q. *Which of the three standing columns (BPHC Update, HCH Information Resource Center Connections, News from the HCH Clinicians' Network), do you read regularly? How useful is this information in keeping you informed of HCH resources and initiatives?*

Q. *In what ways does reading Opening Doors help you better meet the health needs of people who are homeless?*

Our goal is to provide a publication that works for you! Please send your responses and suggestions to Susan Whitney at [swhitney@hrsa.dhhs.gov](mailto:swhitney@hrsa.dhhs.gov), or fax them to her at (301) 594-2470.



# Keeping an Eye on Health

Twice a month between September and June, a large white van with a big blue eye pulls alongside the Health Care for the Homeless (HCH) clinic in Baltimore and runs an electrical cord inside. For the next four hours, 12 to 15 HCH clients will have complete, dilated eye exams in this eye doctor's office on wheels.

Almost all of the patients will need glasses, which are fitted on-site. Two weeks later, they'll return to pick up their new glasses. No money changes hands.

## Avoiding Unnecessary Vision Loss

Eye Care for the Homeless is a joint project of HCH and the Maryland Society for Sight. Begun in 1990 by Baltimore ophthalmologist Michelle Gelkin, the program is designed to detect and treat eye problems early enough to avoid unnecessary vision loss.

"These are not people who have a little trouble reading the newspaper in the morning," says Sherry Roe, the society's Director of Adult Eye Health Programs. Vision van doctors see patients with serious eye health problems, including glaucoma, cataracts, and detached retinas. Some are legally blind without glasses.

The Maryland Society for Sight fully funds this \$40,000-a-year program with grants and private donations.

Ophthalmology residents and local opticians volunteer their time, and all patients are screened by HCH clinicians.

"God Bless the vision van and its volunteers," wrote a satisfied client, "for they provide a service which is greatly needed and appreciated by those of us with vision problems."

For more information about Eye Care for the Homeless, contact Sherry Roe at (410) 243-2020.

## Giving the Gift of Sight

Every year on the first Wednesday in December, all 745 LensCrafters stores in the United States and Canada open their doors early to provide free eye exams and glasses to individuals identified by each store's charitable partners. The charities, which must be 501(c)(3) nonprofit organizations, screen and transport recipients. Doctors and store associates volunteer their time. Frame and lens vendors donate their products.

Since Hometown Day began in 1993, the program has delivered more than 67,000 free eye exams, new glasses, and vision screenings, according to Alison Kaar, Senior Director of Communications for the Cincinnati-based optical

company. HCH clients in Springfield, MA, have been among the program's recipients.

In addition to Hometown Day, the company's Gift of Sight

program makes available some 20,000 vouchers annually for a free pair of new eyeglasses; HCH clients in Louisville, KY, have taken advantage of this program. The LensCrafters Foundation operates a 40-foot vision van that provides free eye care and glasses to children in underserved areas, including inner cities, Indian reservations, rural communities, and disaster areas.

For more information on the LensCrafters programs, contact Judy Mealey in Springfield at (413) 748-9064 or Bart Irwin

in Louisville at (502) 585-1969. To locate the LensCrafters store nearest you, call (800) 541-LENS (5367). ▲



Volunteer ophthalmologists with Eye Care for the Homeless provide free exams to Baltimore HCH clients.

## Guidebook for Health Care Providers

*Organizing Health Services for Homeless People: A Practical Guide*, by Marsha McMurray-Avila, has been published by the National Health Care for the Homeless Council, with support from the Bureau of Primary Health Care. This 350-page guidebook is an easy reference for communities or groups interested in starting, or improving, a health care project for homeless people.

The guidebook includes an overview of the relationship between homelessness and health; background on the federal Health Care for the Homeless (HCH) program; basic recommendations related to planning, organizational structure, and governance; service delivery strategies; ideas about tools for strategic planning, resource development, and information systems; and a section on education and advocacy.

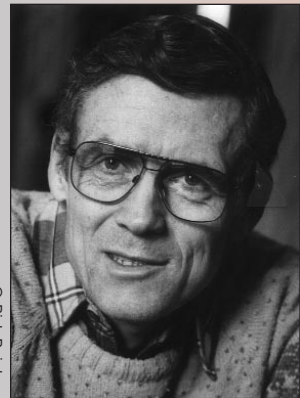
*Organizing Health Services for Homeless People* has been mailed to all HCH projects and subcontractors. Additional copies are available for \$17.50, which includes postage and handling, from the National Health Care for the Homeless Council, P.O. Box 68019, Nashville, TN 37206-8019.

# NEWS FROM THE HCH CLINICIANS' NETWORK

## Hilfiker to Speak at Annual Meeting

Mark your calendar and plan to attend the Third Annual HCH Clinicians' Network Membership Meeting, 3:30 to

4:30 p.m. Thursday, April 30, at the Marriott Pavilion Downtown, St. Louis, MO, during the National HCH Conference. The meeting will feature the 1998 awards presentation, election of Network Steering Committee members, introduction of honorary members, and a keynote address by noted author and clinician David Hilfiker, M.D.



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David Hilfiker, M.D., author of *Not All of Us Are Saints*.

**The challenge of poverty medicine.** Dr. Hilfiker is currently Medical Director for

Joseph's House, a medical residence for formerly homeless men with AIDS that he founded in Washington, D.C. He and his family lived for three years at Joseph's House and for five years at Christ House, a medical recovery shelter for homeless men.

Author of the award-winning book *Healing the Wounds*, an account of the everyday work of a family doctor, Dr. Hilfiker's most recent book is *Not All of Us Are Saints: A Doctor's Journey with the Poor* (Hill and Wang, 1994). In it, he chronicles his move from rural Minnesota to an inner city neighborhood in the nation's capital, and he challenges readers to confront the reality of "poverty medicine."

"At its heart," Dr. Hilfiker writes in the first chapter of *Not All of Us Are Saints*, "this book is about the nature of poverty and its awful power to break the spirit. It's about the grim consequences of two decades of governmental withdrawal and the deliberate underfunding of social agencies, about the helplessness of helpers running into the closed doors and cul-de-sacs of social policy. It's about the wholesale abandonment of the poor." Dr. Hilfiker's presentation will focus on what it means, and what it takes, to work in poverty

medicine. He will reflect on ways in which clinicians can renew their hope and compassion in spite of the painful limits of both care and caregivers. Dr. Hilfiker's talk is open to all participants at the National HCH Conference.

## Disability Strategies Explained

Although federal disability programs—Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)—provide a safety net for low-income and homeless people who are disabled, most clinicians dread the entire disability determination process. For many, disability determinations seem hopelessly complex, mysterious, and time-consuming.

To guide clinicians through this process, the Network recently published a guidebook titled *Determining Disability: Simple Strategies for Clinicians*, written by James O'Connell, M.D. Though limited in scope, this practical manual describes an efficient, effective approach to documenting certain physical conditions commonly encountered by primary care providers serving poor and homeless adults. The guidebook includes Social Security Administration criteria for establishing conditions that automatically qualify a patient for disability benefits.

The manual has been mailed to each Health Care for the Homeless clinical director. Additional copies are available from the Network by sending \$5 to cover postage and handling to the HCH Clinicians' Network, P.O. Box 68019, Nashville, TN 37206-8019. Production and distribution of *Determining Disability* were made possible by financial support from the Bureau of Primary Health Care.

## We're Ready for Your Call

For more information about Network services and benefits, call (615) 226-2292 or visit the Clinicians' Network Home Page at <http://www.nashville.net/~hch>. The Web site includes a Members' Forum with a job bank, a resume posting service, and a members-only discussion board.

# Volunteers Fill the Gap in Services

In 1989, Bob Dritz was ready to throw in the towel. As coordinator of the White Bird Clinic in Eugene, OR, a private, non-profit community-based clinic that provides health care to homeless people, he was overwhelmed by need and short on resources.

Dritz convened a meeting of local medical groups and offered to turn this service over to them. They responded by asking Dritz what he would need to do the job well. "This was the turning point," he recalls. Today, 40 dentists, 60 primary care physicians, and 100 specialists are among the volunteers who keep the HCH program in Eugene healthy.

## Getting the Word Out

Nate Nickerson, N.P., Director of the Health Care for the Homeless (HCH) Project in Portland, ME, also was in need of volunteers. HCH in Portland is a program of the city's Public Health Division, where Nickerson is Adult Health Services Manager. His office was about to open the Portland Street Clinic for low-income and uninsured people.

To help staff the clinic, Nickerson and his colleagues went through the Portland Yellow Pages and sent a letter to every doctor in the phone book. One hundred physicians responded to the initial appeal five years ago. Currently, Portland has some 200 volunteer doctors—100 primary care physicians who staff evening clinics for low-income people, and 100 spe-

cialists who have agreed to see homeless and low-income patients in their office.

## An Enormous Investment

Working with volunteers isn't for everyone, however. "People don't just come in and do their work and leave," Nickerson says. "There is an enormous investment in recruitment and retention." In Portland, volunteers decide what their service or time commitment will be; this agreement is formalized and strictly honored by program staff.

"There was some initial fear on the part of volunteers that they would be overwhelmed," Nickerson says. "But more often than not a doctor will ask, Am I still on your list?' We don't use any one doctor that often."

Paid staff play an important role in programs that use volunteers. In Portland, a part-time medical director recruits and interviews volunteers, and two master's level nurses schedule volunteers and provide continuity of care for patients. Five paid administrative staff and dental assistants manage 180 volunteer dentists at Salt Lake Donated Dental Services, a nonprofit organization that serves homeless people in Salt Lake City.

Finally, volunteers need support and recognition. Nickerson's staff publishes a newsletter for the volunteers and holds an annual dinner. The cost of the dinner is "cheap compared to what the volunteers donate," he notes. ▲

# Money Is There if You Know Where to Look

A house of cards. A patchwork quilt. A shell game. These are some of the terms Health Care for the Homeless (HCH) providers use to describe the myriad and sometimes tenuous sources of funding that undergird their programs.

But help is available, according to the Rev. Ted Karpf, Senior Research Associate and Editor for LTG Associates in Takoma, Park, MD, and a consultant to the Bureau of Primary Health Care. Karpf is editor of the Bureau publication, *Funding Opportunities for Providers of Health Care Services to Homeless People*.

"You'd be surprised at how accessible most funding is, at least in terms of finding it," Karpf says. The 50-page guidebook outlines federal and foundation funding sources and includes Internet addresses for such resources as the *Federal Register*, the *Catalog of Federal Domestic Assistance*, and GrantsNet, a Department of Health and Human Services site that helps users locate information on grants-related resources and activities.

## "Can Somebody Do It Better?"

Before beginning a search for funds, Karpf advises providers to begin with a needs assessment. *Funding Opportunities* includes a set of questions to guide this process. In addition, he outlines some basic rules of the game:

- *Begin your search in the public library.* In addition to Internet access, public libraries offer a core collection of publications by the Foundation Center, an independent, nonprofit information clearinghouse.
- *Don't use homelessness as the defining element in your search.* "Homelessness is the last place to look for money because it's the least funded," Karpf says.
- *Change your perspective.* Don't think of a homeless person as someone who has no benefits, Karpf suggests. For example, homeless veterans may be eligible for a host of services offered by the Department of Veterans Affairs. People who are HIV-positive are eligible to receive free dental care under the Ryan White Care Act.
- *Before funding another service, find out if somebody else can do it better.* Karpf advises providers to fit clients into existing programs and services, wherever possible.
- *Look for friends and allies.* Providers who serve homeless people "can always tell you where the system is failing," Karpf says. Working together, he believes, providers can help identify and reduce service barriers.

To receive a free copy of *Funding Opportunities*, contact Nan Brady toll-free at the Health Care for the Homeless Information Resource Center, (888) 439-3300, ext. 246. ▲



# HCH INFORMATION RESOURCE CENTER CONNECTIONS

## Resources for Specialty Care

The following publications address some of the special medical needs of homeless people. These articles are available through your local or medical library, or through inter-library loan.

### Podiatry

Packett, S., et al. **A problem homeless patients may not mention.** *RN* 54:53-5, November 1991.

Parsons, S., Leach, I., and Charnley, R. **A case of bilateral trench foot.** *Injury* 24:680-1, December 1993.

Robbins, J., Roth, L., and Villanueva, M. **"Stand down for the homeless." Podiatric screening of a homeless population in Cleveland.** *J Am Podiatr Med Assoc* 86:275-9, June 1996.

Wrenn, K. **Immersion foot. A problem of the homeless in the 1990s.** *Arch Intern Med* 151:785-8, April 1991.

Wylie-Rosett, J., et al. **Assessment of documented foot examinations for patients with diabetes in inner-city primary care clinics.** *Arch Fam Med* 4:46-50, January 1995.

### Dental Care

Health Care for the Homeless Information Resource Center. **Dental Needs of Homeless People** [annotated bibliography]. Delmar, NY: Policy Research Associates, Inc., July 1997. Available from: *Health Care for the Homeless Information Resource Center, Policy Research Associates, 262 Delaware Ave., Delmar, NY 12054.*

### Eye Care

Wylie-Rosett, J., et al. **Ophthalmic referral rates for patients with diabetes in primary-care clinics located in disadvantaged urban communities.** *J Diabetes Complications* 9:49-54, Jan.-March 1995.

### Dermatology

Maurin, M., and Raoult, D. **Bartonella (Rochalimaea) quintana infections.** *Clin Microbiol Rev* 9:273-92, July 1996.

Moy, J., and Sanchez, M. **The cutaneous manifestations of violence and poverty.** *Arch Dermatol* 128:829-39, June 1992.

Norton, S., et al. **Teledermatology and underserved populations.** *Arch Dermatol* 133:197-200, February 1997.

## New Catalog of Clinical Tools

The Health Care for the Homeless (HCH) Information Resource Center has a revised and updated catalog of clinical tools that offer practical examples of various approaches to common problems. A 10-member task force, representing a wide range of disciplines within the HCH field, has reviewed a total of 198 items in the following categories:

- Administrative guidelines
- Assessment—general medical
- Assessment—mental health/substance abuse
- Assessment—social service
- Chart review forms
- Client application/registration
- Client logs
- Clinical guidelines
- Consent forms
- Encounter/billing forms
- Health history forms
- Intake forms
- Referral/request for services forms
- Staff logs
- Treatment plans

To obtain a catalog and order form, call the Information Resource Center toll-free at (888) 439-3300.

## Look for Us on the Internet

The HCH Information Resource Center has a new Web site that includes annotated bibliographies; a clinical tools catalog; a video catalog; selections from past issues of *Opening Doors*; a directory of the 128 HCH grantees; and information on the annual HCH conference. Look for us at <http://www.prainc.com/hch>.

## How Can We Help You?

For more information on resources related to the effective delivery of health care services to homeless people, contact HCH Information Resource Center Project Coordinator Nan Brady toll-free at (888) 439-3300, ext. 246, or send E-mail to [hch@prainc.com](mailto:hch@prainc.com).

## Second Decade Initiative Launched

The Health Care for the Homeless (HCH) program has launched a "Second Decade Initiative" to examine the first 10 years of the program and to set the framework for the future. A Second Decade Workgroup, made up of health care providers, advocates, and researchers, held its first meeting in February. The group will make recommendations at the National HCH Conference in April about ways to enhance the program's effectiveness, make the best use of resources, and demonstrate accomplishments. For more information, contact Sherilyn Pruitt at the Bureau of Primary Health Care, (301) 594-4473.

## Managed Care Standards to Be Developed

The Bureau of Primary Health Care has awarded funds to CARE for the Homeless in New York City to develop access and quality standards for managed care pro-

grams. These standards will help guide the implementation of mandatory Medicaid managed care programs around the country, and will advise the Health Care Financing Administration, the States, and local managed care organizations of the special contractual and service delivery needs of people who are homeless. The document will be available this summer. For more information, contact David Wunsch at CARE for the Homeless, (212) 366-4459.

## Patient Satisfaction among Homeless Clients

With funding from the Bureau of Primary Health Care, the National Association of Community Health Centers (NACHC) will conduct a survey of patient satisfaction among HCH program clients. Modeled after NACHC's Patient Experience Evaluation Report System (PEERS), which was used to survey Community Health Center patients in 1995, the survey will be modified for use in a homeless health care setting. For more information, contact Kathy McNamara at NACHC, (202) 659-8008.



**Department of Health & Human Services**

Health Resources and Services Administration  
Bureau of Primary Health Care

**Health Care for the Homeless**  
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